

## **The NC Families & Communities = Success (*NC FACES*) Project**

### **A New Service and Research Initiative Supporting North Carolina's Emerging Systems of Care for Children with Mental Health Needs and Their Families**

#### **Background**

The help, hope and power for raising healthy children must be found first in the strengths of families and communities. For families who have a child with mental health needs, it takes the collaborative efforts of the family and the community's wisest helpers, paid and volunteer, to provide the services and supports which are required to facilitate the child's becoming a competent, caring, contributing citizen. The human and financial costs of not doing so are compelling reasons to ensure opportunities for successful outcomes for all the children in our communities.

Nationwide, the need for comprehensive, collaborative systems of care for children with serious emotional disturbance and their families has long been recognized and was initially exemplified in the Willie M. Program in North Carolina beginning in 1980. A number of publications have described the system of care according to the CASSP guiding principles presented initially by Stroul and Freidman (1986). The CASSP principles have been summarized in terms of six core values, as follows:

- 1) The system is based on a partnership between service providers and each child and family.
- 2) The system provides unconditional care.
- 3) The system is based on strengths and a holistic orientation.
- 4) The system builds cultural competence.
- 5) Services should be provided within the most family-like environment to meet children's and adolescents' needs.
- 6) Services need to be individualized (Schoenberg, undated).

Principles of individualized care have been further delineated by Burchard and Clarke (1990) emphasizing the additional principles of a commitment to unconditional care, flexible and timely care, and the requirement for interdisciplinary and interagency coordination of services for each individual child and family. An integral feature of individualized services is the concept of wraparound care. The underlying foundation of wraparound is to "wrap" individually tailored services around those children in need to facilitate their adjustment to the mainstream. Developments parallel to those within child mental health have occurred in education, child welfare, developmental disabilities, law enforcement and other areas. Outcome research on the effectiveness of the wraparound process in these settings is now becoming available (Burchard & Clark, 1990; Burchard & Shaefer, 1992; Gutkind, 1993; Whitbeck, et. al., 1993; Lourie, 1994; Duchnowski, 1994; and VanDenBerg, 1996).

Over the last decade, a number of studies have helped to build an empirical base for the wraparound process. Clarke (1992) looked at the outcomes of "Project Wraparound," and showed that wraparound produced improved child behavior at home and that out-of-home

placements could be avoided. A longitudinal study of innovative service efforts has documented the positive effects of community-based service models (Duchnowski, et. al., 1993). A controlled study on individualized services for foster children with emotional and behavioral disorders has found positive results with the use of a modified wraparound process (Clark, et.al., 1994). Other research has demonstrated child and parent satisfaction with the wraparound process (Rosen, et.al., 1994), while presentations at the Annual Research Conferences on a System of Care for Children's Mental Health have provided evidence for the use of the process to keep complex youth in less-restrictive, community settings (Yoe, et.al., 1995) and have shown that the wraparound process was fiscally sound and represents a better use of taxpayer dollars (Tighe & Brooks, 1995).

In communities across North Carolina (NC), many productive lessons have been learned about the process of building an integrated system of care for children. From the Willie M. program, the Robert Wood Johnson (RWJ) Children's Initiative, the Fort Bragg Project, the Pitt-Edgecombe-Nash Public Academic Liaison (*PEN-PAL*) Project and the Carolina Alternatives program, valuable lessons were learned on the process of collaboration and the development of a comprehensive system of mental health services. From the Kellogg Foundation "Families For Kids" Initiative, North Carolina's mental health and child welfare systems at state and local levels, have learned to facilitate community placements and permanency plans for children. The *NC FACES* project is working to apply these lessons through a novel and expanded community-based, family driven system of care in North Carolina.

### **The NC FACES Project**

Current endeavors to unify child welfare, health, education, and mental health initiatives at the state level are redefining expectations regarding services for children and families. The *NC FACES* Project, initiated in 1997 through a 5 year/\$8 million federal award from CMHS to the NC DMH/DD/SAS Child and Family Services Section builds upon the learnings from previous NC Child Mental Health initiatives, especially that of the *PEN-PAL* Project. The project expands community-based, family-focused Systems of Care (SOC) into four additional sites, 10 counties: a rural county in southwest NC (Cleveland); a rural multi-county entity in central NC (Sandhills area: Moore, Richmond, Montgomery counties); an urban county in north central NC (Guilford) ; and, an urban multi-county entity in northwest NC (Blue Ridge: Avery, Buncombe, Mitchell, Madison, Yancey counties).

The *NC FACES* Project attempts to advance the NC system to the next plane, one which demonstrates a full understanding that families, extended family members, and others defined by the family are the experts regarding their children's strengths and needs, demonstrating that neighborhoods and communities provide the most enduring and culturally sensitive/appropriate source of support for the future. *NC FACES* acknowledges that including families as full partners in planning, evaluation, and policy-making improves services; and, that children gain most when they live, work and play in their home communities, in living arrangements that are stable, safe, and free from imminent risk of disruption. Best practices will be shaped when families and professionals work together, drawing upon the substantial strengths and resources of families, neighborhoods, and communities to assist children and families in reaching their full potential.

The *NC FACES* Project will expand and integrate research and community application with other State and local service improvement initiatives. The project builds upon the positive interagency relationships and local infrastructure development begun through the RWJ Children's Initiative. It utilizes the work products and Public-Academic Liaisons experience developed through the *PEN-PAL* Project to promote state of the art training for communities and university students. A local System of Care requires that service providers be well-prepared for collaborative practice with families and professionals. An essential element of the *NC FACES* Project is the development of intensive pre-service and in-service training as well as ongoing technical assistance. Faculty from schools and departments of four University of North Carolina campuses (UNCG, UNCC, UNCA and ASU) are developing pre-service curricula and collaborative multiagency field placements which incorporates System of Care philosophy and techniques.

Community innovation and system efficacy will also be nurtured by developing System Learning Labs in each proposed site. These Labs will provide a unique opportunity for each site to build on their strengths and identify innovative strategies that can be developed, tested and implemented for eventual statewide replication. This approach will develop a hub of innovation at each site which will complement and supplement national evaluation efforts. Each Lab will have a unique but replicable focus as outlined below:

a. Blue Ridge Lab: This area is an urban and rural multi-county entity in northwest NC, comprised of Buncombe, Madison, Mitchell and Yancey counties, served by the Blue Ridge Center Area MH/DD/SAS Program. It will create a SOC/Managed Care Integration Lab in which service, system and fiscal accountability are assured through a comprehensive SOC Quality Improvement and Outcomes process. This site's Lab will:

1. Integrate family/ consumer oversight into the Utilization/ Review and grievance process.
2. Apply wraparound philosophy and strengths-based planning within a managed care (Carolina Alternatives) environment.
3. Expand and apply pooled funds through savings from the Carolina Alternatives program.
4. Create an authorization system for using funds for non-traditional services.

b. Cleveland Lab: This area is a rural county in southwest NC, served by the Cleveland Center Area Mental Health, Developmental Disabilities, and Substance Abuse (MH/DD/SAS) Program. It will create a unified community-based Lab which locates integrated services in neighborhood elementary schools that are committed to developing pre-school, middle and high school health and human service systems. This effort will integrate community databases and case management methods to support consistency and continuity in service delivery across age and service system transitions. This Lab will:

1. Develop/adapt a comprehensive computerized data and case management system that links Health Department data; school databases; proposed Health Alliance databases including Hospital/Health Department data; MACRO evaluation data, and countywide information on the status of children.
2. Develop community-wide public awareness and training programs based on demonstration site experiences, incorporating UNC-Charlotte and Gardner-Webb University resources, local professional training programs, Chamber of Commerce and United Way community score/report card efforts.

3. Implement a Project information/ dissemination profile of innovative practices for children and families throughout the country.

c. Guilford Lab: This is an urban county in north central N.C., served by the Guilford Area MH/DD/SAS Area Program. It will focus on family centered CARE: Consortium Addressing Research and Education and will model development of a SOC that is based in a university setting and will extend its knowledge for practical use in the broader community. It will:

1. Develop a comprehensive pre-service effort, integrating CASSP principles into graduate curricula of 8 schools and departments.
2. Implement a SOC that includes service provision, pre-service and in-service training and research in which the Center for the Study of Social Issues at UNC-G assumes the lead role within the University and an external liaison role in the community.
3. Implement a one family, one plan with interagency service form and process to integrate formal agency services with informal community resources as a seamless SOC for children and families.
4. Establish recreation as a Project component providing school-based training and service for children with SED by working with faculty from the Department of Health, Physical Education and Recreation at North Carolina A&T, a historically African-American institution. Faculty from the Health, Physical Education and Recreation Departments at NC A&T and the School of Health and Human Performance at UNC-G will collaborate with Boys and Girls Clubs to implement this component.

d. Sandhills Lab: This is a rural multi-county entity in central NC, comprised of Anson, Hoke, Montgomery, Moore, and Richmond counties, and served by the Sandhills Center Area MH/DD/SAS Program (the latter three counties are proposed sites). It will create a Dual Diagnosis Lab that integrates the one plan approach with the needs of the often unidentified and underserved mental health/substance abuse co-morbid population. A secondary Lab will integrate CASSP Principles into Community College curricula. It will:

1. Develop a collaborative, interagency treatment plans using a one child, one plan approach.
2. Incorporate unified treatment approaches by targeting children and adolescents within the target population who have dual mental health and substance abuse diagnoses, or those who have a mental health diagnosis and are at risk for developing a substance abuse diagnosis due to family or environmental circumstances.
3. Develop public academic liaison efforts that enable community colleges to incorporate CASSP Principles of Care into cross-discipline curricula. Technical assistance and training will ultimately be provided by community colleges.

The *NC FACES* Project is significant in its focus on the continuing transition to managed care for child mental health services through the Carolina Alternatives program, and will maximize existing knowledge and experience in North Carolina to move the System of Care into the 21st century and beyond. Promoting success, safety, permanency for children with mental health needs and their families in home, school and communities will improve the overall child and family service systems for all children across the state. North Carolina is ready to provide the help, hope and power to enable families and communities to capture a new spirit and vision in using their strengths to support all their children.

For more information about the *NC FACES* Project, contact Martha Kaufman or Mark O'Donnell at 919-733-0598 (email - [mkaufman@dhr.state.nc.us](mailto:mkaufman@dhr.state.nc.us) or [modonnel@dhr.state.nc.us](mailto:modonnel@dhr.state.nc.us))